



BOOKKEEPING RESEARCH REQUEST
CITY OF MANCHESTER, NH
TAX COLLECTOR'S OFFICE
One City Hall Plaza, West Wing
Manchester, New Hampshire 03101
Tel: (603) 624-6575 – Fax: (603) 628-6162
E-mail: taxcollector@manchesternh.gov

Your Name: _____
Company Name: _____
Mailing Address: _____
City, State, ZIP: _____
Telephone: _____ Email: _____

Instructions: There is a fee of \$25.00 dollars an hour for this request, of which we require a minimum deposit of one hour. Because the research may extend beyond an hour you must sign this form in agreement to pay any additional fees for the bookkeeping research. This form will be returned to you with the additional amount due. You will be required to send the additional amount along with this form back to the Tax Collector's Office. Then we will release the information to you. The turn around time is usually one-hour minimum or at the most three hours. If the research does not go beyond one hour, we will mail the information to you.

Please send this completed form, along with your deposit of \$25.00 to the address shown at the top of this page. You must also enclose a **self-addressed stamped, envelope**.

Signature: _____ Date: _____

Bookkeeping Research: Request For Verification Of The Monies Applied Against A Certain Account.

Example: If you need to know the breakdown of where the money was applied there is a \$25.00 an hour bookkeeping fee. This could require researching several tax years and several tax accounts.

Location of Property (required)	Name of Property Owner (required)	Year (required)	Account Number
Total Items Requested			Deposit of \$25.00 (Required)
Requests For Breakdown Of Where And How The Monies Were Applied To A Specific Account			X \$25.00 per hour
TOTAL FEES: Make check/order payable to City of Manchester, NH: **Please remember to enclose a <u>self-addressed, stamped envelope</u> :			